Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10694726 Effective October 1, 2003 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN TYPE -(Column 1) (Column 2) SMALL ENTITY OR **TOTAL CLAIMS** RATE FEE RATE FEE OR BASIC FEE BASIC FEE 385.00 770.00 NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS minus 20= XS 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 0 TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY

(Column 2) (Column 3) (Column 1) HIGHEST CLAIMS REMAINING NUMBER PRESENT AMENDMENT **PREVIOUSLY AFTER** EXTRA PAID FOR **AMENDMENT** Minus Total Minus Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

| Olimber Strict Coll College | | | | |
|-----------------------------|------------------------|----|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | OR | X\$18= | . / |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL | | OR | TOTAL ADDIT, FEE | |

| | | (Column 1) | | (Column 2) | (Column 3) |
|-------------|--|---|-------|---|------------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | • | Minus | ## | |
| | Independent | ٠ | Minus | *** | - |
| Ā | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | | (Column 1) | | (Column 2) | (Column 3) |
|-------------|--|---|-------|---|------------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | • | Minus | ** | = |
| | Independent | • | Minus | *** | = |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

ADDI-ADDI-TIONAL TIONAL RATE RATE FEE FEE X\$ 9= X\$18= OR X43= X86= OR +145= +290= OR ADDIT. FEE ADDIT. FEE

FOR

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.